



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: KING'S DAUGHTERS HOSPITAL

City of Hospital: MADISON

Year Begin: 01/01/2019 (mm/dd/yyyy format)

Year End: 12/31/2019 (mm/dd/yyyy format)

Person Completing the Report: Stacy Denning

Email Address: dennings@kdhmadison.org

Medicare Provider Number: 150069

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

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|-------------------------------------|-------------|
| Inpatient Patient Service Revenue | \$76946948 |
| Outpatient Patient Service Revenue | \$216333458 |
| Total Gross Patient Service Revenue | \$293280406 |

2. Deductions From Revenue

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|-----------------------|-------------|
| Contractual Allowance | \$182452666 |
| Other Deductions | \$1861725 |
| Total Deductions | \$184314391 |

3. Total Operating Revenue

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|-----------------------------|-------------|
| Net Patient Service Revenue | \$108966015 |
| Other Operating Revenue | \$853671 |
| Total Operating Revenue | \$109819686 |

4. Operating Expenses

| | | | |
|-------------------------------|------------|-------------------|------------|
| Salaries and Wages | \$29850690 | Employee Benefits | \$7776019 |
| Depreciation and Amortization | \$7109064 | Interest Expense | \$4358048 |
| Bad Debt | \$9081719 | Other Expenses | \$38712124 |
| Total Operating Expenses | \$96887664 | | |

5. Net Revenue and Expenses

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|-----------------------------------|------------|-------------------|-------------|
| Excess Revenue over Expenses | \$12932022 | Total Assets | \$299550582 |
| Net Non-operating Gains over Loss | \$27393991 | Total Liabilities | \$104920118 |

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|-----------------|------------|
| Total Net Gains | \$40326013 |
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| Statement Two: Contractual Allowance |
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| Revenue Source | Gross Patient Revenue | Contractual Allowance | Net Patient Service Allowance |
|------------------|-----------------------|-----------------------|-------------------------------|
| Medicare | \$153796724 | \$116555638 | \$37241086 |
| Medicaid | \$46494302 | \$33318323 | \$13175979 |
| Other Government | \$0 | \$0 | \$0 |
| Other State | \$0 | \$0 | \$0 |
| Other Payers | \$92989380 | \$32578705 | \$60410675 |
| Total | \$293280406 | \$182452666 | \$110827740 |

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| Statement Three: Donations Statement |
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| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------|----------------------------|-----------------------------|-------------------------|
| Donations | \$0 | \$29110 | \$-29110 |

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| Statement Four: Research Statement |
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| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------|----------------------------|-----------------------------|-------------------------|
| Research | \$0 | \$0 | \$0 |

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| Statement Five: Education Statement |
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| Education of | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------------------|----------------------------|-----------------------------|-------------------------|
| Medical Professionals | \$45225 | \$185565 | \$-140340 |
| Hospital Patients | \$0 | \$0 | \$0 |
| Community Education | \$0 | \$0 | \$0 |

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| Number of Medical Professionals Trained | \$0 |
| Number of Hospital Patients Educated | \$0 |
| Number of Citizens Exposed to Health Education Messages | \$0 |

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| Statement Six: Charity Statement |
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|--------------------------|-----|
| Hospital Charity Charges | \$0 |
|--------------------------|-----|

| | Payments from Clients | Less Costs to Hospital | Unreimbursed Costs to Hospital |
|---------------------------|-----------------------|------------------------|--------------------------------|
| Charity Care | \$0 | \$615037 | |
| HCI Payments | \$0 | | |
| Subtotal | \$0 | \$615037 | \$-615037 |
| Medicaid Shortfalls | \$11886155 | \$14812113 | |
| Subtotal | \$11886155 | \$15427150 | \$-3540995 |
| DSH Payments | \$1,289,824 | | |
| Subtotal | \$13175979 | \$15427150 | \$-2251171 |
| Medicare Shortfalls | \$37241086 | \$50808049 | |
| Other Government Programs | \$0 | \$0 | |
| Total | \$50417065 | \$66235199 | \$-15818134 |

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| Statement Seven: Subsidized Health Services for the Community |
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| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------------------|----------------------------|-----------------------------|-------------------------|
| Community Programs | \$59560 | \$479456 | \$-419896 |
| Community Assessment | \$0 | \$0 | \$0 |
| Provision of Taxes | \$0 | \$30309 | \$-30309 |
| Other Allocations | \$0 | \$0 | \$0 |

Comments

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